

☐ THIS DOCUMENT HAS BEEN REVISED

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURE MARKETING SERVICE EMPLOYEE WORK REPORT AND TIME AND ATTENDANCE		NAME (Last, First, Middle Initial)				EQC		SUPERVISOR		PAY PERIOD NUMBER															
		1				2		3		4															
		SIGNATURE:				FROM:		TO:		DATE:															
		7				5		6		8															
CERTIFICATION STATEMENT: I certify that all regular time, leave, overtime, night differential and holiday time was worked according to law and regulations																									
NORMAL HOME - TO - WORK <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">9</div> <small>MILES</small> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">9</div> <small>MINUTES</small> </div> </div>		<div style="display: flex; align-items: center;"> <input type="checkbox"/> F.T. <input type="checkbox"/> SCEP <input type="checkbox"/> MT </div>		OFFICIAL DUTY STATION		FIRST WEEK										CODE		SECOND WEEK							
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